



MISSOURI DEPARTMENT OF SOCIAL SERVICES
RESIDENTIAL TREATMENT AGENCY TAX CREDIT APPLICATION

ORGANIZATION NAME (RECEIVING THE DONATION)		CONTACT PERSON AND E-MAIL ADDRESS			
ADDRESS					
TELEPHONE NUMBER		LICENSE NUMBER			
DONOR INFORMATION (ATTACH ADDITIONAL PAGES IF NEEDED)					
TAXPAYER TYPE (*REQUIRES SUPPORTING DOCUMENTATION - SEE INSTRUCTIONS)					
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP* <input type="checkbox"/> S CORPORATION* <input type="checkbox"/> LLC* <input type="checkbox"/> CHARITABLE ORGANIZATION*		<input type="checkbox"/> FINANCIAL INSTITUTION <input type="checkbox"/> INSURANCE COMPANY			
TAXPAYER/BUSINESS NAME(S) (IF FILING MISSOURI JOINT INCOME TAX RETURN, BOTH SPOUSES' NAMES MUST BE LISTED)		TAXPAYER TELEPHONE NUMBER			
TAXPAYER ADDRESS (ADDRESS, CITY, STATE, ZIP CODE)		TAXPAYER IDENTIFICATION NUMBER(S) (SOCIAL SECURITY NUMBER(S))			
TYPE OF DONATION (ATTACH REQUIRED DOCUMENTATION)					
*REQUIRES SUPPORTING DOCUMENTATION - SEE INSTRUCTIONS					
<input type="checkbox"/> Cash <input type="checkbox"/> Publicly Traded Stocks/Bonds* <input type="checkbox"/> Real Estate*					
AMOUNT OF DONATION		AMOUNT OF TAX CREDIT (50% OF THE DONATION)			
DATE OF DONATION		FOR OFFICIAL USE ONLY: TAX CREDIT NUMBER			
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DONOR TOTALS (ALL PAGES)					
TOTAL NUMBER OF CERTIFICATES REQUESTED		TOTAL AMOUNT OF CREDITS REQUESTED (ENCLOSE REMITTANCE IN THE SAME AMOUNT)			
<p>In accordance with section 135.1150 RSMo, I certify that the information provided above is true and accurate. On the dates indicated,</p> <p>_____ accepted the indicated eligible donation(s) from the above named taxpayer(s).</p> <p style="text-align: center; font-size: small;">(ORGANIZATION NAME)</p> <p>Donations will be used solely to provide direct care services to children who are residents of this state. Direct care services include but are not limited to increasing the quality of care and service for children through improved employee compensation and training. I also understand the amount of the certificate will be reduced if it is determined the taxpayer has an outstanding balance owed to the Missouri Department of Revenue (Section 135.815 RSMo).</p> <p>EXECUTIVE DIRECTOR SIGNATURE</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"><tr><td style="width: 70%; height: 30px; vertical-align: top;">PRINTED NAME</td><td style="width: 30%; height: 30px; vertical-align: top;">DATE</td></tr></table>				PRINTED NAME	DATE
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<p>Certificates will be mailed directly to the taxpayer.</p> <p><i>All incomplete or inaccurate applications and payments will be returned to the Residential Treatment Agency.</i></p>					
FOR OFFICIAL USE ONLY					
DSS APPROVAL		DATE PROCESSED			

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RESIDENTIAL TREATMENT AGENCY TAX CREDIT APPLICATION

INSTRUCTIONS

1. Provide the organization's LEGAL name; contact person; email address.
2. Provide the organization's physical address in addition to a P.O. Box (if applicable)
3. Provide the license number listed on the contract with Children's Division.
4. Taxpayer type - place an (X) in the appropriate box and provide supporting documentation indicated if applicable.

Supporting Documentation:

Partnerships, S Corporations and LLC's please provide a list of all shareholder names; social security numbers, and percentage of ownership.

Charitable organizations applying for tax credits under Section 135.1150, RSMo, must provide:

- proof the organization is exempt from federal income tax (copy of federal tax exemption certificate), and
- proof of business activities that are unrelated to its charitable activities of which Missouri unrelated business taxable income, if any, would be subject to the state income tax imposed under chapter 143, RSMo (i.e. most recent Missouri State Income Tax Return). If the unrelated business activities do not generate Missouri business taxable income, an Executive Officer of the organization must provide an attestation indicating the organization's unrelated business activities do not generate taxable business income but if there were taxable business income, that income would be subject to the state tax imposed under chapter 143, RSMo (attach the Charitable Organization Attestation Form to the application).

5. Taxpayer name should be the complete name submitted on annual income tax returns.
6. Taxpayer identification is either the tax identification number or social security number.
7. Identify the type of donation made and provide supporting documentation (if applicable).

Verifying documentation must be attached to the tax credit application. The type of documentation required will depend on the type of donation. Required documentation includes the following:

- Donations of cash, check, credit card or money order do not require verifying documentation.
- Values of publicly traded stocks and bonds must be determined by a reputable source (e.g. Wall Street Journal, NYSE, NASDAQ, etc.). Information required when submitting applications for tax credit shall include the source and date the stock was valued and how the bond amount was determined; and confirmation documentation of the transfer from the contributor's account to the qualifying residential treatment agency.
- The values of contributions of real estate shall be equal to the lowest of at least two (2) qualified independent appraisals for commercial, vacant or residential property that has been determined to have a value of over \$25,000. Commercial, vacant or residential property having a value of \$25,000 or less will require only one (1) appraisal.

8. Amount of donation is the total funds received.
9. Amount of tax credit is equal to 50% of the donation(s) received.
10. Number of certificates should be the total number of certificates requested to be issued.
11. Total amount of tax credits requested should be the total of the individual amounts submitted for each taxpayer. Submit payment to the Department of Social Services equal to this amount.
12. All applications and supporting documentation must be submitted to the Residential Treatment Agency listed for complete processing.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHARITABLE ORGANIZATION ATTESTATION

"I certify that _____ engages in unrelated business
(ORGANIZATION NAME)
activities of which do not generate Missouri unrelated business taxable income. If these activities did generate Missouri
unrelated business taxable income, that income would be subject to the state income tax imposed under chapter 143,
RSMo."

SIGNATURE

PRINTED NAME

TITLE

DATE